

Application Data Sheet

Application Information

Application number::
Filing Date:: 03/06/02
Application Type:: Regular
Subject Matter:: Utility
Suggested classification::
Suggested Group Art Unit::
CD-ROM or CD-R?:: None
Number of CD disks:: 0
Number of copies of CDs::
Sequence submission?::
Computer Readable Form (CRF)?::
Number of copies of CRF::
Title:: Bladder with High Pressure Replenishment
Reservoir
Attorney Docket Number:: 005127.59792
Request for Early Publication?:: NO
Request for Non-Publication?:: YES
Suggested Drawing Figure::
Total Drawing Sheets:: 9
Small Entity?:: NO
Latin name::
Variety denomination name::
Petition included?:: NO
Petition Type::
Licensed US Govt. Agency::
Contract or Grant Numbers::
Secrecy Order in Parent Appl.?:: NO

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: U.S. and Swiss
Status:: Full Capacity
Given Name:: Daniel
Middle Name:: R.
Family Name:: Potter
Name Suffix::
City of Residence:: Forest Grove
State or Province of Residence:: Oregon
Country of Residence:: U.S.
Street of mailing address:: 1604 Birch Street
City of mailing address:: Forest Grove
State or Province of mailing address:: Oregon
Country of mailing address:: U.S.
Postal or Zip Code of mailing address:: 97116

Applicant Authority Type:: Inventor
Primary Citizenship Country:: U.S.
Status:: Full Capacity
Given Name:: David
Middle Name:: B.
Family Name:: Herridge
Name Suffix::
City of Residence:: Mendota Heights
State or Province of Residence:: Minnesota
Country of Residence:: U.S.
Street of mailing address:: 514 Huber Drive
City of mailing address:: Mendota Heights

State or Province of mailing address:: Minnesota
Country of mailing address:: U.S.
Postal or Zip Code of mailing address:: 55120

Applicant Authority Type:: Inventor
Primary Citizenship Country::
Status:: Full Capacity

Given Name::
Middle Name::
Family Name::
Name Suffix::
City of Residence::
State or Province of Residence::
Country of Residence::
Street of mailing address::
City of mailing address::
State or Province of mailing address::
Country of mailing address::
Postal or Zip Code of mailing address::

Correspondence Information

Correspondence Customer Number:: 22909

Representative Information

Representative Customer Number:: 22909

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::

